



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1077

SERIAL NUMBER 10/826,363	FILING DATE 04/19/2004 RULE	CLASS 385	GROUP ART UNIT 2883	ATTORNEY DOCKET NO. P-5873-US
-----------------------------	---------------------------------------	--------------	------------------------	-------------------------------------

APPLICANTS

Arie Shahar, Rye Brook, NY;
 Eldan Halberthal, Rye Brook, NY;

**** CONTINUING DATA *******

This appln claims benefit of 60/464,351 04/22/2003
 and is a CIP of 10/640,035 08/14/2003
 and is a CIP of 10/640,018 08/14/2003
 and is a CIP of 10/640,017 08/14/2003
 and is a CIP of 10/640,040 08/14/2003 PAT 6,956,998
 and is a CIP of 10/813,108 03/31/2004 PAT 6,990,281

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 06/25/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 17	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 5
---	---	---------------------------	-------------------------	-----------------------	----------------------------

Verified and Acknowledged
 Examiner's Signature _____ Initials _____

ADDRESS
 49443
 PEARL COHEN ZEDEK, LLP
 1500 BROADWAY 12TH FLOOR
 NEW YORK , NY
 10036

TITLE
 All optical chopping for shaping and reshaping apparatus and method

<input type="checkbox"/> All Fees

<p>FILING FEE</p> <p>RECEIVED 624</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> 1.16 Fees (Filing)							
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)							
<input type="checkbox"/> 1.18 Fees (Issue)							
<input type="checkbox"/> Other _____							
<input type="checkbox"/> Credit							